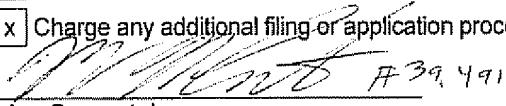


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 2273-0124PUS1																																											
Application No. 10/541,541-Conf. #8218	Filing Date July 6, 2005	Examiner D. H. Pedder	Art Unit 3612																																												
Applicant(s): Diego DIEZ ESTEBAN et al.																																															
Invention: SUPPORT FRAME FOR AUTOMOBILE VEHICLE SUNROOFS																																															
<p><b>MS Amendment</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application  The fee has been calculated and is transmitted as shown below.</p>																																															
<table border="1"> <thead> <tr> <th colspan="6"><b>CLAIMS AS AMENDED</b></th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>13</td> <td>- 20 =</td> <td>0</td> <td>x 50.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>- 3 =</td> <td>0</td> <td>x 200.00</td> <td>0.00</td> </tr> <tr> <td colspan="4">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Other fee (please specify):</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td colspan="2">0.00</td> </tr> </tbody> </table>						<b>CLAIMS AS AMENDED</b>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	13	- 20 =	0	x 50.00	0.00	Independent Claims	2	- 3 =	0	x 200.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				0.00	
<b>CLAIMS AS AMENDED</b>																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
Total Claims	13	- 20 =	0	x 50.00	0.00																																										
Independent Claims	2	- 3 =	0	x 200.00	0.00																																										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																															
Other fee (please specify):																																															
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				0.00																																											
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																															
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Dated: <u>January 16, 2007</u>																																															
- Charles Gorenstein Attorney Reg. No.: 29,271																																															
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																															